

April DY5 Reporting for Category 3

Cat 3 Team
Transformation Waiver Operations

April 6, 2016

APRIL DY5 CATEGORY 3 REPORTING

April DY5 Reporting of Cat 3

- In April DY5 reporting, providers may report on eligible Category 3 outcomes, as well as Population-Focused Priorities Measures.
- Providers with Stretch Activity milestones (PM-11) will not report for achievement in the April DY5 reporting period. These milestones are eligible to be reported in October DY5.
- The Category 3 Outcome Reporting Template and the Population Focused Priority Measure (PFPM) Template can both be found under April DY5 Reporting on the [Tools and Guidelines for Regional Healthcare Partnership Participants](#) page of the Waiver website.

April DY5 Category 3 Questions

- Send April DY5 Category 3 related reporting questions to the waiver mailbox as early as possible.
- Send by **Wednesday, April 20th**.

General Instructions for Cat 3 Outcome Reporting Template

- Used for reporting baseline and performance of Cat 3 outcomes (PM-10, AM-1.x, AM-2.x, PM-12) - not used to report PFPMs or Stretch Activities.
- Providers will complete one Cat 3 Outcome Reporting Template, which will contain all of provider's Cat 3 projects in one region.
- Requires certification by Chief Quality Officer or executive responsible for validating accuracy of Cat 3 reporting.
- Should be uploaded only once to first Cat 3 outcome associated with the first Cat 1 or 2 project in reporting system.
- Save file as: RHPXX_TPIXXXXXXXXXXX_Cat3_AprilDY5.xlsm

General Instructions for PFPM Template

- PFPM performance should be submitted in the PFPM Performance Template.
- Subsets, proxy populations and sampling are not allowed for PFPMs. Provider must report on the complete population.
- Providers with an approved baseline ending by 03/31/2015 for their PFPM milestone (AM-3.x) are eligible to report on performance beginning in April DY5.
- Similar to other Cat 3 outcomes, providers can receive payment for partially achieving the AM-3.x milestone.
- Requires certification by Chief Quality Officer or executive responsible for validating accuracy of Cat 3 reporting
- Save file as: RHPXX_TPIXXXXXXXXXX_PFPMCat3_AprilDY5.xlsm

Reporting Resources

- April DY5 Reporting Companion Document
- April DY5 Reporting Webinar/ Presentation

DEMONSTRATION YEARS (DY) VERSUS PERFORMANCE YEARS (PY)

Demonstration Years (DY) vs Performance Years (PY)

While metric funds are tied to a specific DY, the measurement periods during which Cat 3 achievement must be demonstrated don't necessarily align with the DY dates. To reduce the confusion around Cat 3 measurement periods, Cat 3 templates now refer to Performance Years (PY) rather than Demonstration Years (DY).

- DYS refer to the Oct. 1 – Sep. 30 divisions within the waiver lifecycle (e.g., DY5 is 10/1/15 – 9/30/16).
- PYs refer to the 12 month period during which a Cat 3 metric can be achieved. PYs vary based on the outcome's baseline measurement period.

PY Measurement Periods

- An outcome's first PY (PY1 for standard baselines; PY2 for DY4 baselines) is generally the 12 months immediately following the end of the baseline period.
- Subsequent PYs include the 12 months immediately following the end of the previous PY measurement period.

	Standard Baseline	DY4 Baseline
Baseline	10/01/2013 -09/30/2014	01/31/2014 -12/31/2014
PY1	10/01/2014 -09/30/2015	N/A
PY2	10/01/2015 -09/30/2016	01/01/2015 -12/31/2015
PY3	10/01/2016 -09/30/2017	01/01/2016 -12/31/2016

April DY5 Reporting Eligibility

- Reporting eligibility is determined by the end of the PY being reported.
- Baseline and performance cannot be reported in the same reporting period.
- In April DY5, outcomes that reported a baseline in a prior reporting period will be eligible to report all performance years that are completed by 03/31/2016.
- Reporting eligibility is indicated in the April DY5 Reporting Template.

Measurement Period Exception

There may be a gap between the baseline measurement period and first PY's measurement period, if a provider was approved to report baseline using a proxy population (e.g., if a provider used CY2013 data from a comparable clinic to determine a baseline rate, because the DSRIP clinic did not open until 10/01/2014, the provider could begin their PY1 measurement period on October 1, 2014).

- Providers must have written pre-approval from HHSC or an approved proxy population to have a gap between the baseline and PY measurement periods. A copy of any written pre-approval should be uploaded to the online reporting system and justification for the measurement period should be included in the applicable qualitative field in the template.
- Providers that report a non-consecutive PY measurement period for outcomes that were not approved will receive an NMI determination.

Carryforward & Partial Achievement

- Carrying forward performance means shifting the unachieved portions of an improvement target to the next 12 month measurement period, or the next PY. So, a provider with a PY1 measurement period that ended by the end of DY4 who did not earn all their DY4 funds has an opportunity to earn those funds during PY2 (i.e., during the 12 months following the PY1 measurement period).
- Carrying forward the achievement of the DY4 metric does not change the measurement period to DY5.
- In PY2, this provider could earn carried forward unearned funds associated with their DY4 metric AND earn funds associated with their DY5 metric, if they met both their PY1 and PY2 goals.
- Unearned DY5 funds will automatically be carried forward to DY6 to be earned during the next PY measurement period.

Partial Payment Example

EXAMPLE PROJECT
(P4P, IOS, Standard
Baseline)

Baseline measurement period:	01/01/2013 – 12/31/2013
Approved baseline:	.50
DY4 Improvement Target	.5250
DY5 Improvement Target	.55

	Measurement Period	Achieved	Performance Results
PY1	01/01/2014 - 12/31/2014	.5150 - 60% (.015 / .025) of DY4 goal	- 50% of DY4 funds received for AM-1.1 - 50% of DY4 funds for AM-1.1 carried forward to DY5
PY2	01/01/2015 - 12/31/2015	.5400 - 100% of DY4 goal - 80% of DY5 goal	- Remaining 50% of DY4 funds for AM-1.1 received as DY4 carryforward goal is achieved - 75% of DY5 funds received for AM-2.1 - 25% of DY5 funds for AM-2.1 carried forward to DY6
PY3	01/01/2016 - 12/31/2016	.5500 - 100% of DY5 goal	- Remaining 25% of DY5 funds for AM-2.1 received as DY5 carryforward goal is achieved

Major Changes

CATEGORY 3 OUTCOME REPORTING

Online Reporting System Changes

- HHSC has streamlined Cat 3 outcome reporting to address areas of confusion and make reporting easier on providers.
- For non-PFPM Cat 3 outcomes only, providers will no longer enter a progress update, the achievement status, or the percent of goal achieved or respond to the carryforward questions in the online reporting system.
 - Only one progress update is required per Cat 3 outcome (e.g., separate updates aren't needed for AM-1.1 and AM-1.2), and providers will submit these through the template.
 - Achievement status will be based on template reporting.
 - Percent of goal achieved will be calculated by the template.
 - Carryforward responses will be entered in template.
- The online reporting system will be updated by HHSC after reporting review is completed.

Template Changes

- Due to the changes to the online reporting system, **all providers must submit a Cat 3 Outcome Reporting Template**, whether they are reporting achievement of a Cat 3 outcome or not.
- The template now includes a separate tab for each **Category 3 project** on which both baseline and performance can be reported.
- Based on eligibility, each tab allows for the **reporting or correcting** of the Cat 3 project's baseline and/or PY1, PY2, and PY3 achievement.

Step 1

CAT 3 OUTCOME REPORTING TEMPLATE

Step 1 Tab

Round 1, DY5: Category 3 Baseline and Performance Reporting Template - Step 1

Progress Indicators

Contact Information:	Complete
RHP Region and TPI Input:	Complete
Create Outcome Tabs:	Complete

Information for Primary Contact (regarding information reported in this template)

Contact Name:	Jane Smith
Email Address:	janesmith@sampleprovider.org
Phone Number:	(512) 555-5555

Provider Information

RHP:	RHP 1
TPI:	012345678
Provider Name:	Sample Provider

Project-Specific Reporting Options

Category 1 or 2 Project ID	Category 3 Project ID	IT Reference	Outcome Title	Milestone Structure	Eligible to Report in Round 1, DY5?	Eligible to Report on PFFPM or SA in Round 1, DY5?
012345678.1.1	012345678.3.1	IT-2.21	Ambulatory Care Sensitive Conditions Admissions Rate	Standard P4P	Yes	NA
012345678.1.2	012345678.3.2	IT-1.10	Diabetes care: HbA1c poor control (>9.0%)	Standard P4P	Yes	NA
012345678.1.3	012345678.3.3	IT-3.3	Risk Adjusted Congestive Heart Failure (CHF) 30-day Readmission Rate	Standard P4P	Yes	NA
012345678.1.4	012345678.3.4	IT-2.21	Ambulatory Care Sensitive Conditions Admissions Rate	Standard P4P	No	NA
012345678.1.5	012345678.3.5	IT-6.2.a	Client Satisfaction Questionnaire 8 (CSQ-8)	Standard P4R SA	Yes	No
012345678.1.6	012345678.3.6	IT-6.1.a.ix	HCAHPS Overall Hospital Rating	DY4 Baseline P4P	Yes	NA
012345678.1.7	012345678.3.7	IT-1.18	Follow-Up After Hospitalization for Mental Illness	DY4 Baseline P4R SA	No	No

Create Project Specific Tabs

Press this button only after the "Contact Information" and "RHP Region and TPI Input" progress indicators show "Complete" above.

Create Project Specific Tabs

- Enter Primary Contact, RHP and TPI information
- Template will list Cat 3 projects and eligibility to report in April DY5
- Click "Create Project Specific Tabs" button to create a tab for each Cat 3 project

Category 3 Project Tabs

CAT 3 OUTCOME REPORTING TEMPLATE

Outcome & Reporting History Details

- Each Project tab includes information on the outcome, as well as information previously reported to HHSC.

Outcome Details

Outcome:	IT-2.21	Measure Title:	Ambulatory Care Sensitive Conditions Admissions Rate
Standard Numerator:	Total number of acute care hospitalizations for ambulatory care sensitive conditions younger than age 75 years.		
Standard Denominator:	Total mid-measurement period population younger than age 75.		
Milestone Structure:	Standard P4P	Baseline Information:	Baseline ends by 09/30/2014
Custom Goal:	No	Survey Administration Scenario:	
Calculation Type:	IOS		

Reporting Status

Baseline: (BL)	Reported Baseline		Numerator:	Rate 1 of 1
	Yes			105
	Current Baseline Source		Denominator:	377
	Baseline Correction Form (DY4 Interim)		Rate:	0.2785
	Measurement Period		PY1 Goal:	0.2646
	07/01/2013 - 06/30/2015		PY2 Goal:	0.2507
Performance Year 1: (PY1)	Reported PY1			
	Not Reported			
	Current Source			
	Not Reported			
	Current Measurement Period			
	Not Reported			
Performance Year 2: (PY2)	Reported PY2			
	Not Reported			
	Current Source			
	Not Reported			
	Current Measurement Period			
	Not Reported			
Performance Year 3: (PY3)	Reported PY3			
	Not Reported			
	Current Source			
	Not Reported			
	Current Measurement Period			
	Not Reported			

Eligibility to Report/Correct

- The template can accommodate corrections for both outcomes reporting for achievement and those providing a status update.
 - P4P outcomes that have not yet reported performance will be able to make corrections to the reported baseline numerator and denominator through the reporting template.
 - P4R outcomes will be able to make corrections to all prior reporting history.
- The table at top of the Project tab will indicate whether Baseline/Performance are eligible to be newly reported and whether any previously reported Baseline/Performance can be corrected, if necessary.

	Eligible to report?	Corrections Allowed?	Progress Indicator
Reporting Selections:			Incomplete
Progress Update:			Incomplete
Baseline Reporting:	No	Yes	Incomplete
Performance Reporting:	Yes	No	Incomplete
Qualitative Questions:			Incomplete

Reporting Selections

- If Baseline and/or Performance are eligible for reporting or corrections, provider will need to indicate whether they intend to correct or report baseline/performance under the Reporting Selections header.

Reporting Selections

Correcting Baseline:
Reporting Performance:

- For P4R outcomes, if “Yes” is selected for Correcting Baseline, Correctly Performance will default to “Yes”, since performance must also be corrected to confirm alignment with baseline revisions.

Reporting Selections

Correcting Baseline:
Correcting Performance:

Progress Update

- All providers must enter a progress update for each Cat 3 project in the box provided, regardless of whether they are reporting.
- Only one progress update is required per Cat 3 outcome (e.g., separate updates are not needed for AM-1.1 and AM-1.2)

Reporting Selections

Correcting Baseline:
Reporting Performance:

Progress Update

Progress Update:

Correcting Baseline

- While a provider may be eligible to correct a previously reported baseline numerator and denominator, they generally should not change the baseline measurement period. The option to change baseline dates is intended to allow for the correction of typos. It should not be used to adjust baseline measurement periods.
- Changing the baseline measurement period requires written pre-approval from HHSC that must be uploaded to the reporting system as supporting documentation. Changing a measurement period without approval will result in an NMI and the correction may not be accepted.

Baseline Measurement Periods

Whether newly reporting baseline or correcting previously reported baselines, providers are not allowed to change their approved baseline type.

- Standard (DY3) Baseline Measurement Periods should be 6 or 12 months (with few exceptions), may start as early as 01/01/2012, and must end no later than 09/30/2014.
- DY4 Baseline Measurement Periods must include 12 months of data, should be as early as possible, and should end after 9/30/2014, but before the last day of the reporting period

PY Goals Calculated Based on Baseline Entries

When the baseline numerator and denominator are reported or corrected, PY goals are revised based on these entries and the outcome and goal type (e.g., IOS, QISMIC).

Baseline Reporting / Corrections

Baseline Type:	Standard
Expected Start Date:	7/1/2014
Expected End Date:	6/30/2015

Change Start/End Date:	No
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	Rate 1 of 1
Numerator:	109
Denominator:	352
Baseline Rate:	0.3097
PY1 Goal:	0.2942
PY2 Goal:	0.2787

Reporting/Correcting Performance

- When Performance is reported/corrected, the template calculates the PY rate and percent of goal achieved.
- Goal achievement formulas are determined by the measure directionality (positive or negative) and baseline measurement period type (Standard or DY4).
- Goal achievement formulas are shown on the following slide and can be confirmed in the Cat 3 Summary Workbook & Goal Calculator.

Performance Reporting / Corrections

PY1:

Newly Reporting Performance

Start Date:

10/01/2014

End Date:

09/30/2015

Rate 1 of 1

Numerator:

301

Denominator:

1005

PY1 Rate:

0.2995

Achievement Milestone:

AM-1.1

% of Goal Achieved:

75%

Goal Achievement Calculations: P4P Outcomes with Positive Directionality

PY	Milestone	Standard Baseline	DY4 Baseline
PY1	AM-1.x	$\frac{(\text{PY1 achieved} - \text{baseline})}{(\text{PY1 goal} - \text{baseline})}$	NA
PY2	AM-1.x*	$\frac{(\text{PY2 achieved} - \text{baseline})}{(\text{PY1 goal} - \text{baseline})}$	NA
	AM-2.x	$\frac{(\text{PY2 achieved} - \text{PY1 goal})}{(\text{PY2 goal} - \text{PY1 goal})}$	$\frac{(\text{PY2 achieved} - \text{baseline})}{(\text{PY2 goal} - \text{baseline})}$
PY3	AM-2.x*	$\frac{(\text{PY3 achieved} - \text{PY1 goal})}{(\text{PY2 goal} - \text{PY1 goal})}$	$\frac{(\text{PY3 achieved} - \text{baseline})}{(\text{PY2 goal} - \text{baseline})}$

*Carryforward from previous PY if achievement is less than 100%.

Goal Achievement Calculations: P4P Outcomes with Negative Directionality

PY	Milestone	Standard Baseline	DY4 Baseline
PY1	AM-1.x	$\frac{(\text{baseline} - \text{PY1 achieved})}{(\text{baseline} - \text{PY1 goal})}$	NA
PY2	AM-1.x*	$\frac{(\text{baseline} - \text{PY2 achieved})}{(\text{baseline} - \text{PY1 goal})}$	NA
	AM-2.x	$\frac{(\text{PY1 goal} - \text{PY2 achieved})}{(\text{PY1 goal} - \text{PY2 goal})}$	$\frac{(\text{baseline} - \text{PY2 achieved})}{(\text{baseline} - \text{PY2 goal})}$
PY3	AM-2.x*	$\frac{(\text{PY1 goal} - \text{PY3 achieved})}{(\text{PY1 goal} - \text{PY2 goal})}$	$\frac{(\text{baseline} - \text{PY3 achieved})}{(\text{baseline} - \text{PY2 goal})}$

*Carryforward from previous PY if achievement is less than 100%.

Example of Goal Achievement with Positive Directionality – PY1

Baseline	.50
PY1 Goal	.5250
PY2 Goal	.55

PY1 Achieved	.5150
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$$\begin{aligned} \text{AM-1.1 \% of goal achieved in PY1} &= \\ &= (\text{PY1 Achieved} - \text{Baseline}) / (\text{PY1 Goal} - \text{Baseline}) \\ &= (.5150 - .50) / (.5250 - .50) = 60\% \end{aligned}$$

The provider is eligible to receive 50% of funds associated with this AM-1.1 milestone and will carryforward the unearned 50% into the DY5 reporting period.

Example of Goal Achievement with Positive Directionality – PY2

Baseline	.50
PY1 Goal	.5250
PY2 Goal	.55

PY1 Achieved	.5150
PY2 Achieved	.56

$$\begin{aligned}
 &\text{AM-1.1 \% of goal achieved in PY2} = \\
 &(\text{PY2 Achieved} - \text{Baseline}) / (\text{PY1 Goal} - \text{Baseline}) \\
 &(.56 - .50) / (.5250 - .50) = 240\%
 \end{aligned}$$

$$\begin{aligned}
 &\text{AM-2.1 \% of goal achieved in PY2} = \\
 &(\text{PY2 Achieved} - \text{PY1 Goal}) / (\text{PY2 Goal} - \text{PY1 Goal}) \\
 &(.56 - .5250) / (.55 - .5250) = 140\%
 \end{aligned}$$

The provider is eligible to receive the additional 50% of unearned funds carried forward from DY4 milestone AM-1.x and is eligible to receive 100% of funds associated DY5 milestone AM-2.1

Risk Adjusting Outcomes

For some outcomes involving Risk Adjusting, providers will need to include report the number of eligible index admissions, as well as information on the risk adjusting methodology (for baseline only).

BL Risk Adjusting:

Number of eligible cases

Methodology:

(Select)

Qualitative Questions

When reporting/correcting baseline or performance providers will be asked to answer qualitative questions relevant to the outcome and what was reported/corrected.

Qualitative Questions:

Performance Reporting Questions:

Interpretation of reported performance:

Describe eligible denominator population:

Are you reporting to approved measure specifications including subsets?

Are there any changes to your data collection process over prior DSRIP reporting years?

Estimated percent of DYS denominator that is Medicaid:

Estimated percent of DYS denominator that is Low Income Uninsured (LIU):

Definition of LIU:

(Optional) Describe intervention only rate and any differences between the intervention only rate and your reported Category 3 rate:

(Optional) Additional comments:

Progress Indicator

- Provider should confirm that all five progress indicators on each Project tab show Complete (green) before submitting their template to HHSC.

Reporting Eligibility and Progress

	Eligible to report?	Corrections Allowed?	Progress Indicator
Reporting Selections:			Complete
Progress Update:			Complete
Baseline Reporting:	No	Yes	Complete
Performance Reporting:	Yes	No	Complete
Qualitative Questions:			Complete

Reporting Summary Tab

CAT 3 OUTCOME REPORTING TEMPLATE

Certification

(Reporting Summary Tab)

Providers are required to certify accuracy of reported baselines and performance. Certification should be done by the Chief Quality Officer or executive responsible for validating accuracy of Cat 3 reporting. Certifier should print out reporting summary, sign, and upload a copy with the template.

Selection Details							Rate Part 1					Rate Part 2				
Cat 3 Proj ID	IT	IT Descrip	Rprt Type	Re- ported	Most Recent Source	End Date	Num	Denom	Rate	AM-1.1 Goal/ % of Goal Ach.	AM-2.1 Goal/ % of Goal Ach.	Num	Denom	Rate	AM-1.2 Goal/ % of Goal Ach.	AM-2.2 Goal/ % of Goal Ach.
3.1	IT-2.21	ACSCs Adm	BL	DY3 R2	DY3 R2 Baseline T	12/31/12	460	27835	0.0165	0.0157	0.0149					
			PY1	DY4 R2	DY4 R2	12/31/13	379	26406	0.0144	100%						
			PY2	DY5 R1	DY5 R1	12/31/14	378	26632	0.0142		100%					
			PY3		Not Reported											
3.2	IT-1.10	Diabetes: HbA1c poor control	BL	DY3 R2	DY3 R2 Baseline T	09/30/14	91	303	0.3003	0.2992	0.2982					
			PY1	DY5 R1	DY5 R1	09/30/15	301	1005	0.2995	75%						
			PY2		Not Reported											
			PY3		Not Reported											
3.3	IT-3.3	Risk Adj CHF 30-day Readm	BL	DY3 R2	MSLC Baseline Re	09/30/14	0.0492	0.0563	0.8739	0.8302	0.7865					
			PY1		Not Reported											
			PY2		Not Reported											
			PY3		Not Reported											
3.5	IT-6.2.a	CSQ-8	BL	DY3 R2	DY5 R1	09/30/14	472	18	26.22	P4R	P4R					
			PY1	DY5 R1	DY5 R1	09/30/15	540	20	27.00	P4R						
			PY2		Not Reported											
			PY3		Not Reported											
3.6	IT- 6.1.a.ix	HCAHPS Overall Rating	BL	DY5 R1	DY5 R1	09/30/15	803	1139	0.7050	0.6400	0.6560					
			PY1	NA	NA	NA										
			PY2		Not Reported											
			PY3		Not Reported											
3.7	IT-1.18	F/U After Hospitalizati on for Mental Illness	BL	DY4 R2	DY5 R1	09/30/15	11	19	0.5789	P4R	P4R	4	19	0.2105	P4R	P4R
			PY1	NA	NA	NA										
			PY2		Not Reported											
			PY3		Not Reported											

Certification

Please check the box to certify the statement below and insert your name, title and date in the boxes that follow

☐ I certify that the rates reported on this template have been reviewed for accuracy and are representative of the approved outcomes

Name:

Title:

Date:

POPULATION FOCUSED PRIORITY MEASURE (PFPM) TEMPLATE

Tab 1: Selection and Contact

- Providers will submit one template per PFPM selection.
- Providers reporting identical PFPM selections for multiple category 3 IDs may submit one template for all eligible project IDs with identical rates.

Tab 2: Performance Reporting

- Providers will be able to review their previously submitted baseline and PY goals. If necessary, providers can make corrections to their baseline. The PY goals will automatically update based on any changes made.
- PY1 is the 12 months immediately following the end of the baseline measurement period.
- Providers should enter performance values in the yellow fields. The template will automatically calculate the percentage of goal achieved.
- For some outcomes involving Risk Adjusting, providers will need to include report the number of eligible index admissions.
- For providers who were approved to maintain high performance of a PFPM outcome, the performance rate should be the maintenance of statistically significant high performance.

Tab 3: Qualitative Questions

- Providers should respond to all qualitative questions
- Providers should ensure that the progress indicator row on each tab indicates that all necessary information has been completed.

Tab 4 & 5: Instructions & Certification

- Tab 4 includes instructions for completing, saving, and uploading the PFPM template.
- Providers are required to certify the accuracy of the reported or corrected baseline and performance. Certification should be completed by the Chief Quality Officer or executive responsible for validating the accuracy of PFPM reporting.

ADDITIONAL REPORTING GUIDANCE

Tips for April DY5 Reporting

- Consistency in measurement processes year to year is critical to understanding changes in outcome performance.
 - If there are changes in the data collection or abstraction process from the previous year describe these changes, the reason for the change and the potential effects on performance due to this change (if any) in the qualitative fields of the template.
- Respond to the qualitative questions in the template thoughtfully and clearly.
 - HHSC uses these responses to understand how the data was collected and identify situations where TA may be needed.
- Review the MSLC resources for common Category 3 baseline reporting mistakes.

What Could Result in an NMI (Needs More Information)?

- Template incomplete or not submitted
- More than one template submitted per provider (TPI) and RHP
- Progress update not entered in the template
- Reported measurement period does not align with previously approved measurement period
- Certification incomplete